



**MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION**



BULLHEAD CITY
1130 HANCOCK ROAD
ZIP 86442
(928) 758-0704

KINGMAN
3250 E. KINO AVENUE
ZIP 86401
(928) 757-0901

LAKE HAVASU CITY
2001 COLLEGE DRIVE, STE. 95
ZIP 86403
(928) 453-0712

APPLICATION FOR PERMIT TO OPERATE REFUSE OR SEWAGE TRUCK
(ONE APPLICATION MUST BE FILLED OUT PER VEHICLE)

ESTABLISHMENT #:		PERMIT TYPE:	DATE OF OPENING:
<input type="checkbox"/> GARBAGE/REFUSE HAULER	License Plate #:	Vin #:	
<input type="checkbox"/> SEWAGE TANK TRUCK	License Plate #:	Vin #:	
NAME & LOCATION OF SANITARY LANDFILL TO BE USED BY APPLICANT:			# CHEMICAL TOILETS, IF APPLICABLE:

BUSINESS INFORMATION:

NAME OF BUSINESS	BUSINESS ADDRESS	CITY
BUSINESS PHONE:	FAX:	CELL:
ASSESSOR'S PARCEL NUMBER OF BUSINESS:		

MAILING ADDRESS:

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
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OWNER INFORMATION:

NAME OF BUSINESS OWNER:	HOME ADDRESS:	CITY	STATE	ZIP
HOME TELEPHONE:	EMAIL ADDRESS:			
EMERGENCY CONTACT NAME:	PHONE: ()			
PROPERTY OWNER:*	CONTACT NUMBER: ()			
*If different from permit holder, require a <i>copy of lease agreement and/or notarized letter from property owner</i> indicating lease has been made to permit holder.				

I, _____ hereby certify that I am the operator or authorized agent of the above refuse or sewage truck.
(Owner Name - Print)

Signed _____ Date _____

****Current Permit NOT Transferable****

Note: **THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL.**

FEES ARE NON-REFUNDABLE

DO NOT WRITE BELOW THIS LINE

Application approved for Permit by _____ Date _____
(Inspector's Signature)

Amount Received \$ _____ Cash or Check # _____ Receipt # _____ Expires _____

Picture identification verified and copy attached (check box if completed) By _____